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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/629,285-Conf. #5710
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 29, 2003
		First Named Inventor	Dawn White
		Examiner Name	J. D. Sells
		Art Unit	1734
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 250.00)		Attorney Docket No. DWH-11702/29	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>07-1180</u>		Deposit Account Name: <u>Gifford, Krass, Groh, Sprinkle, Anderson &amp;</u>

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)
Each claim over 20 (including Reissues)		50
Each independent claim over 3 (including Reissues)		200
Multiple dependent claims		360

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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$$-20 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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$$-3 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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$$-100 = \underline{\hspace{2cm}} /50 \quad (\text{round up to a whole number}) \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2401 Notice of appeal 250.00

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	37,424	Telephone	(734) 913-9300
Signature				Date	December 18, 2006
Name (Print/Type)	John G. Posa				